

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION | | | |
| O.I.P.E. CLASSIFIER | | | |
| FORMALITY REVIEW | SW | 12-920 | 1/30 |
| RESPONSE FORMALITY REVIEW | | | 09/11/01 |
| | | | |

INDEX OF CLAIMS

| | | | |
|---|----------------------------|---|--------------|
| ✓ | Rejected | N | Non-elected |
| = | Allowed | I | Interference |
| - | (Through numeral) Canceled | A | Appeal |
| + | Restricted | O | Objected |

| Claim | Date |
|----------------|--------|
| Final Original | |
| 1 | 6/6/04 |
| 2 | ✓ |
| 3 | ✓ |
| 4 | ✓ |
| 5 | 0 |
| 6 | ✓ |
| 7 | ✓ |
| 8 | ✓ |
| 9 | 0 |
| 10 | ✓ |
| 11 | ✓ |
| 12 | ✓ |
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| Claim | Date |
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| Claim | Date |
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

(LEFT INSIDE)